## **Personal Tax Return Checklist 2025**



Name:			
Balance Date: 31 March 202	5		
Postal Address:			
Telephone No:	(Work)	(Home)	
	(Mobile)	(Fax)	
Email Address:			
Please advise if you would	prefer us to visit you and collect y	your records.	
	<del>-</del>	le write N/A. The information yo information is accurate and comp	_
Tick if Applicable otherwise	enter N/A		
The following information m tick the appropriate box and	· · · · · · · · · · · · · · · · · · ·	nual financial statements. If applice	able, please
Records Required: Income:			
1. INTEREST -	provide certificates from financial	institutions or other	
	provide details of dividend warrant and/or imputation credits).	nts (indicate any deductions for	
	se gross rents received and expenses, interest, repairs, insurance, other	<u> </u>	
	OM ESTATES/TRUSTS - provided so, rents, business income or other	le details of any income (i.e.  r) and any tax paid by the estate/trust	t
5. PARTNERSH	<b>IPS</b> - advise your share of income	or losses in all partnerships.	
	<b>DING</b> - if you have been dealing in urpose of selling at a profit, advise		
7. STUDENT LO	OAN - advise details of loan, repay	ments, etc.	
8. OTHER INCO	OME - provide full details.		

Ir	ncome:	
9.	OVERSEAS INVESTMENTS/INCOME - if you have any foreign owned investments please provide details e.g. private companies, listed companies, unit trusts, insurance policies or super schemes together with details of any employment income.	
10	0. <b>PROPERTY TRANSACTIONS</b> - provide full details	
D	Deductions:	
	LOSS ATTRIBUTING QUALIFYING COMPANY - if you have been attributed share of loss other than from a company we are aware of, please provide details.	
2.	. EXPENSES incurred for return preparation or against withholding payments.	
3.	. INCOME REPLACEMENT INSURANCE POLICIES - provide details of premiums, if applicable.	
D	Rebates: ONATIONS, CHILDCARE/HOUSEKEEPER - Please provide details if you wish us o complete the donation rebate claim form.	
		••••
Terms of Enga	ngement .	
statements (excinformation is	this information to <b>Murray Baxter Chartered Accountant</b> , I am requesting that they prepare my special purpose twhere the entity is a company) from the information and records I have provided. An audit or review of not required. I accept responsibility for the accuracy of all information supplied. A copy of this disclaimer of the disclaimer of the accuracy of all special purpose financial reports.	the
	uthority to <b>Murray Baxter Chartered Accountant</b> to communicate with and obtain information from my be mpany, the Inland Revenue Department or any other relevant organization in their completion of the annual f	
-	pay any accounting fees in full as they fall due on the 20th of each month for work started but not completed at the work. This clause will not apply if an installment payment plan has been agreed in writing.	and at the
Client Signature	e	
Date		

All information is required where applicable. Time spent seeking information not originally provided may increase costs.